

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7549019
Solicitation Title: DESIGN AND INSTALL FIRE ALARM SYSTEM AT THREE (3) GROUP HOMES IN BHDDH COMMUNITY (37 PGS)
Bid Proposal Submission Deadline Date & Time: 10/29/2014 10:00 AM
RIVIP Vendor ID #: 39599
Bidder Name: Metro USA Fire Protection, Inc.
Address: 203 Concord St.
suite405
Pawtucket , RI 02860
USA
Telephone: (401) 365-1094
Fax: (401) 365-1096
Contact Name: Carl Hemond
Contact Title: Director Of Sales
Contact Email: chemond@metrofire.necoxmail.com

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-3, and if "Yes," provide details below. Complete Disclosure 4.

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.
4. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address,

principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

SECTION 3 —CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this RIVIP Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: 10-28-14

Carl Hemond

Name of Bidder

Signature in ink

Carl Hemond Sales Director

Printed name and title of person signing on behalf of Bidder



State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

BID 7549019

Design and Install Fire Alarm System at Three (3) Group Homes in BHDDH Community (115 Revere Ave., West Warwick-11 Curran Brook Ct., Cumberland, RI-173 Sayles Hill Rd., North Smithfield, RI)

I have received and reviewed the following addendum(a) that pertain to this bid. This sheet must be submitted with your bid proposal. Failure to do so may result in your bid being considered NON-RESPONSIVE.


Addendum Number 7549019 A. p16 Dated 10-20-14

Addendum Number _____ Dated _____

Addendum Number _____ Dated _____

Addendum Number _____ Dated _____

Addendum Number _____ Dated _____

Signed  Dated 10-28-14

Title Sales Director



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

BUYER: Cadoret, David
PHONE #: N/A

CREATION DATE : 19-SEP-14

BID NUMBER: 7549019

TITLE: DESIGN AND INSTALL FIRE ALARM SYSTEM AT
THREE (3) GROUP HOMES IN BHDDH COMMUNITY

BLANKET START : 01-DEC-14

BLANKET END : 30-JUN-15

BID CLOSING DATE AND TIME: 29-OCT-2014 10:00:00

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O
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

S
H
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T
O
BHDDH - FOR DESTINATION
SEE BELOW
SEE BELOW, RI N/A
US

Requisition Number: 1386497

Note to Bidders: PLEASE NOTE INSTRUCTIONS ATTACHED AS THEY PERTAIN TO MANDATORY PRE BID CONFERENCES

Questions concerning this solicitation may be e-mailed to the Division of Purchases at doa.purbidinfo@purchasing.ri.gov no later than October 17, 2014 at 5PM (est). Please reference the RFQ number on all correspondence. Questions should be submitted in a Microsoft word attachment. Answers to questions received, if any, will be posted on the internet as an addendum to this solicitation (www.purchasing.ri.gov). It is the responsibility of all interested parties to download this information.

Line	Description	Quantity	Unit	Unit Price	Total
1	Design and install a completely functional fire alarm system in accordance with the attached specifications that meet all applicable State & Local codes and regulations at the group home located at 115 Revere Ave., West Warwick, RI	1.00	Each		\$6,592.-
2	Design and install a completely functional fire alarm system in accordance with the attached specifications that meet all applicable State & Local codes and regulations at the group home located at 11 Curran Brook Ct., Cumberland, RI	1.00	Each		\$8,059.-
3	Design and install a completely functional fire alarm system in accordance with the attached specifications that meet all applicable State & Local codes and regulations at the group home located at 173 Sayles Hill Rd., North Smithfield	1.00	Each		\$8,778.-

Delivery: _____

Terms of Payment: _____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

BID 7549019

TITLED:

Design and Install Fire Alarm System at Three (3) Group Homes in BHDDH Community (115 Revere Ave., West Warwick, RI-11 Curran Brook Ct., Cumberland, RI --173 Sayles Hill Rd., No Smithfield, RI-)

OPENING DATE & TIME: 10/29/14 @ 10:00 AM

A mandatory pre bid conference will be held 10/16/14 for all three (3) group homes. First conference will be held at 9am at 115 Revere Ave., West Warwick, RI. At the conclusion of that conference we will move to 11 Curran Brook Ct., Cumberland, RI. At the conclusion of that conference we will move to 173 Sayles Hill Rd., North Smithfield. Vendor must be present at all three sites in order to submit a bid on this project.

1. LICENSING REQUIREMENTS:

Bidders must be aware of all conditions referenced in R.I. Gen. Laws, Section 5-6-2 entitled "Work for Which License required".

<http://www.rilin.state.ri.us/Statutes/TITLE5/5-6/5-6-2.HTM>

Be advised that bidders **MUST** submit a current DLT license number and a copy of the required license certificate with the bid proposal.

COMPANY/ NAME: METRO USA FIRE PROTECTION

LICENSE NUMBER: AFC - 9186

OFFICIAL CHECK

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

COPYRAN CAPTURE™ ANTI-FRAUD PROTECTION



OFFICIAL CHECK

0001271830

51-2010
2111

145 Bank St.
Waterbury, CT 06702

00640 101558

10/28/2014

*****\$1,171.45

PAY TO THE ORDER OF

STATE OF RI

1,171 DOLLARS AND 45 CENTS

REMITTER

AUTHORIZED SIGNATURE (TWO SIGNATURES REQUIRED OVER \$25,000)

Signature

MP MP

⑈0001271830⑈ ⑆211170101⑆ 0010200104⑈

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

ELEC FIRE ALARM CORP AFC-9186
AF-09186 BF-10000
METRO USA FIRE PROTECTION INC

JAMIE L SEARS
203 CONCORD ST UNIT 317
PAWTUCKET RI 02860

Ronald P. Thompson

Administrator

01/31/2015
Expiration Date

State of Rhode Island
**PAYER'S REQUEST FOR TAXPAYER
 IDENTIFICATION NUMBER AND CERTIFICATION**

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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05	0515559
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NAME Metro USA Fire ProtectionADDRESS 203 Concord St, Suite 405

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE Pawtucket RI 02860

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions – You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE

TITLE

DATE

TEL NO.

BUSINESS DESIGNATION:

Please Check One: Individual ☐Medical Services Corporation ☐Government/Nonprofit Corporation ☐Partnership ☐Corporation ☒Trust/Estate ☐Legal Services Corporation ☐

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908



Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: Carl Heenan

Title: Sales Director

Subscribed and sworn before me this 28 day of 10, 2014

William T. ...
Notary Public

My commission expires: 10/5/2016



An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711